



APPLICATION FOR MASTER SOCIAL WORKER LICENSE

GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE & FAMILY THERAPISTS

Post Office Box 13446
Macon, Georgia 31208

Phone (478) 207-2440

www.sos.state.ga.us/plb/counselors

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Social Work in the State of Georgia. Visit the following web site for information:

<http://www.sos.state.ga.us/plb/counselors>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **non-refundable application fee** made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (Please see Fee Schedule at the Board's website)

Application Checklist

- ☐ **NOTARIZED APPLICATION:** The three-page application must be mailed to the Board's office at the address listed above, along with your **FEE** . All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Request official court documents be submitted to the Board and provide an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board will review a complete application with all required documentation at their next scheduled meeting. Approval of licensure is at the Board's discretion.
- ☐ **NATIONAL BOARD SCORES:** If you have not taken the MSW exam thru ASWB, you will receive the exam packet information after Board approval. All applicants are required to pass the Association of Social Workers Board ASWB national Master Social Work Examination. If you have taken the ASWB MSW exam, please contact the National Board Administrative Offices at 1-800-225-6880 AND HAVE them certify your scores to Georgia.
- ☐ **DEGREE TRANSCRIPT:** All applicants for licensure must have earned a Master's degree in Social Work and graduated from an institution accredited by the Council on Social Work Education. An **official** college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.
- ☐ **GEORGIA DOES NOT OFFER ENDORSEMENT OR RECIPROCITY FOR SOCIAL WORK LICENSE:** If you have taken the Master Social Work exam thru ASWB, you would apply for license by exam waiver. If you have not taken the Master Social Work exam thru ASWB, you would apply for license by exam.
- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
- ☐ **REFERENCES:** Must have two (2) references by teachers or supervisors who are familiar with their experience in Social Work.
- ☐ **CONSENT FORM:** Please sign the consent form giving permission for the Board to receive any criminal history record information.
- ☐ Please access the Board Rules which includes licensure requirements from our website at www.sos.state.ga.us/plb/counselors
- ☐ **IMPORTANT:** Applicants, please note when accessing your application status on our website under the *Online Services* category *Check the Status of an Application* that checklist items that have been moved over to the completed column only means that those documents have been received. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.
- ☐ Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists has the authority to approve or deny an application for licensure. Every application file must be submitted to the Board for review. The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board's decision within five to seven working days after the Board meeting.

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

**GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND
MARRIAGE & FAMILY THERAPISTS**

Post Office Box 13446 • Macon, Georgia 31208 • (866) 888-7130

www.sos.state.ga.us/plb/counselors

**APPLICATION FOR LICENSE AS A
MASTER SOCIAL WORKER**

Application Fee \$100 (non-refundable)

Applicant is applying for above referenced license by:

☐ Examination

☐ Examination Waiver (only if you have already taken the Masters or Intermediate exam thru ASWB)

Name _____
First Middle Last

Legibly print your legal name (in order to be eligible to take the ASWB exam the name used on the license application must exactly match the name on the valid government issued I.D. used for identification for the ASWB exam.) Failure to comply with this will result in ASWB refusing test entrance to applicant.

Name as shown on exam records or transcripts
(if different) _____

First Middle Last

Social Security Number

Date of Birth

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A. § 101.

_____ I am a U.S. citizen.

_____ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Physical Address _____
Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

Telephone Number Day Telephone Number Evening

E-Mail Address

PART II - PROFESSIONAL BACKGROUND

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION.

- ☐ Yes ☐ No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- ☐ Yes ☐ No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- ☐ Yes ☐ No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- ☐ Yes ☐ No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- ☐ Yes ☐ No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- ☐ Yes ☐ No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- ☐ Yes ☐ No 7. Have you ever been convicted of any criminal offense?
- ☐ Yes ☐ No 8. Have you ever been arrested, charged or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act? You must respond, "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition.
- ☐ Yes ☐ No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ☐ Yes ☐ No 10. Do you now hold or have you ever held a license as a social worker in any jurisdiction? If "yes" complete the following:
Jurisdiction _____ License No. _____
Date Issued _____ Expiration _____
Please request each licensing board submit verification of license to Georgia
- ☐ Yes ☐ No 11. Have you previously applied for the same license for which you are currently applying?
If "yes" name under which application was submitted: _____
- ☐ Yes ☐ No 12. Did you receive a Master's Degree in Social Work (MSW) from a Council on Social Work Education (CSWE) accredited school? Name of School _____
Date Degree Received _____
- ☐ Yes ☐ No 13. Did you complete a practicum or internship as part of your MSW Degree Program?
- ☐ Yes ☐ No 14. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office. **APPLICABLE TO EXAM APPLICANTS ONLY.**

PART III - OATH

Under penalties of perjury, I declare that the foregoing statements and those in any required documents or statements are true and accurate. I authorize schools which I attended to release to the Board my records and information about me that the Board may request.

Date
Sworn to and subscribed before me this
_____ day of _____, _____.

Signature of Applicant

Notary Public
My Commission Expires: _____.

NOTARY SEAL



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (478) 207-1676 (Fax)
www.sos.state.ga.us/plb/counselors

APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print legibly.
 - Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
 - **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
 - **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
- The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name:

PART II - REFERENCE

Name:

Address: _____

Day Phone: ()

Other Phone: ()

Relationship to Applicant: ☐ Teacher ☐ Supervisor

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____
Agency/Institution: _____
Address: _____

RECOMMENDATION: I ☐ Recommend ☐ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Date _____

Signature of Reference



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

**APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
VERIFICATION OF LICENSURE - FORM N**

INSTRUCTIONS NO FAXED FORMS ACCEPTED.

- Please type or print legibly.
- **Applicant** - Complete Part I. ☐ Mail form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Professional Counselor, Social Worker (any level) or Marriage and Family Therapist.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

PART I - APPLICANT

Full Name: _____

Address: _____

Date of Birth: _____

Social Security #: _____

This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: ☐ Clinical Social Worker ☐ Master Social Worker

Jurisdiction: _____

License Number: _____

Title of License: _____

Date Issued: _____

Expiration Date: _____

TO WHOM IT MAY CONCERN

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official

of the _____

Name of Board or Regulatory Agency

certify that the information provided above by this applicant ☐ does ☐ does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant ☐ has ☐ has not been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:**

Date

Signature of Board Chair/Designated Official

Title of Board

Street Address

BOARD SEAL

City/State/Zip Code